



## Rhode Island Medical Assistance Prior Authorization Program

### RHODE ISLAND MEDICAL ASSISTANCE PROGRAM DEPARTMENT OF HUMAN SERVICES ENHANCED PRIOR AUTHORIZATION PROGRAM

| Use Web PA Form | Drugs covered under Prior Authorization | Relevant Diagnosis / Physical Status   | Approval Criteria or Documentation required   |
|-----------------|---|--|---|
| PA09            | BOTOX                                   | SPASTICITY   | EVIDENCE OF RELEVANT DIAGNOSIS  |
| PA02            | CNS STIMULATORS                         | Narcolepsy<br>Depressive Disorder<br>Major Depressive Disorder<br>Major Depressive Affective Disorder<br>ADD-Attention Deficit Disorder<br>ADHD-Attention Deficit Hyperactivity Disorder | EVIDENCE OF RELEVANT DIAGNOSIS  |
| PA05            | FOLLICLE STIMULATING HORMONE            | Hypogonadism   | MALES ONLY<br>EVIDENCE OF RELEVANT DIAGNOSIS  |
| PA11            | FUZEON                                  | HIV  | APPROVAL LIMITED TO INFECTIOUS DISEASE SPECIALISTS<br>PERSISTENT VEREMIA WITH CURRENT THERAPY<br>CURRENTLY PRESCRIBED 3 ANTIRETROVIRALS<br>FAILED > 6 DIFFERENT ANTIRETROVIRAL DRUG THERAPIES (EQUIVALENT TO TWO COURSES OF TREATMENT)  |
| PA06            | GROWTH HORMONES                         | GH DEFICIENCY – ADULT ONSET<br><br>GHD AS A RESULT OF INJURY<br><br>PREVIOUS CHILDHOOD GROWTH HORMONE DEFICIENCIES REQUIRING CONTINUOUS TREATMENT INTO ADULTHOOD                         | APPROVAL LIMITED TO ENDOCRINOLOGISTS<br><br>DIAGNOSTIC TEST RESULTS:<br>Insulin tolerance test with growth hormone (GH) levels < 5ng/ml or<br>Arginine stimulation test with GH levels < 5ng/ml (or < 9ng if arginine combined with GH-releasing hormone or<br>An equivalent diagnosis test   |
| PA01            | MODAFINAL                               | NARCOLEPSY<br>DEPRESSION<br>PARKINSONISM<br>CENTRAL SLEEP APNEA<br>MS INDUCED FATIGUE  | Evidence of relevant diagnosis  |
| PA10            | Agents Treating Pulmonary Hypertension  | PRIMARY PULMONARY HYPERTENSION<br>SECONDARY PULMONARY HYPERTENSION<br>WITH A CONNECTIVE TISSUE DISORDER  | APPROVAL LIMITED TO CARDIOLOGISTS AND PULMONOLOGISTS<br><br>FUNCTIONAL WHO CLASS OF I, II, III, OR IV   |
| PA04            | WEIGHT LOSS / ANTI-OBESITY              | BMI > 30KG/M <sup>2</sup> OR<br><br>BMI 27-30 KG/M <sup>2</sup> AND 2 RISK FACTORS<br>DIABETES MELLITUS<br>HYPERTENSION<br>HYPERLIPIDEMIA  | INITIAL COVERAGE:<br>Patient meets approval criteria. Approval will be for 3 months.<br><br>MONTH 3-6 COVERAGE:<br>Patient has weight lost of 4 lbs by first month and maintained or exceed this loss in month 2 and 3. Approval will be for additional 3 months.<br><br>MONTH 7-12 COVERAGE:<br>Patient weighs less than or equal to the weight at the 3-month time period. Approval will be for an additional 6 months.<br><br>MONTHS BEYOND 12 MONTHS:<br>Requires 6 months break in therapy after which initial criteria begins |
| PA12            | XOLAIR                                  | ASTHMA   | APPROVAL LIMITED TO PULMONOLOGISTS, ALLERGISTS, AND IMMUNOLOGISTS<br>AEROALLERGEN PRESENCE<br>IGE > 30 IU/ML<br>INADEQUATELY CONTROLLED ASTHMA ON ORAL/INHALED MEDICATIONS  |
| PA16            | CHRONIC IDIOPATHIC CONSTIPATION         | CHRONIC IDIOPATHIC CONSTIPATION  | HISTORY OF AT LEAST 2 CONSTIPATION ICD-9'S<br>HISTORY OF AT LEAST 1 PRESCRIPTION LAXATIVE IN LAST 6 MONTHS<br>ATTEMPT & FAILURE OF AT LEAST 2 DIFFERENT LAXATIVES   |

## **Rhode Island Medical Assistance Prior Authorization Program**

Criteria and forms for submission of patient information for prior authorization approval are available at the DHS Medicaid Website: [www.dhs.ri.gov/dhs/heacre/prosvcs/mpharpa.htm](http://www.dhs.ri.gov/dhs/heacre/prosvcs/mpharpa.htm)

### **CURRENT DRUGS REQUIRING PRIOR AUTHORIZATION AND PA REQUEST FORM.**

|             |   |
|-------------|---|
| <b>PA01</b> | <b>Modafinal</b>                                  |
| <b>PA02</b> | <b>CNS Stimulators</b>                            |
| <b>PA04</b> | <b>Weight Loss / Anti-Obesity</b>                 |
| <b>PA05</b> | <b>Follicle Stimulating Hormone</b>               |
| <b>PA06</b> | <b>Growth Hormones</b>                            |
| <b>PA09</b> | <b>Botox</b>                                      |
| <b>PA10</b> | <b>Agents for Treating Pulmonary Hypertension</b> |
| <b>PA11</b> | <b>Fuzeon</b>                                     |
| <b>PA12</b> | <b>Xolair</b>                                     |
| <b>PA16</b> | <b>Chronic Idiopathic Constipation</b>            |